

# City Profiles

---

This section contains profiles on chlamydia positivity trends for selected cities in the United States. Each of the following profiles contains three figures and one table.

## **Morbidity Surveillance: Reporting of Chlamydia Cases**

*Figure A. Chlamydia rate per 100,000 women, 2000 - 2005*

Crude incidence rates (new cases/population) were calculated on an annual basis per 100,000 population. In this report, the 2005 rates for all metropolitan statistical areas (MSAs) were calculated by dividing the number of cases reported from each area in 2005 by the estimated area-specific 2000 population. Metropolitan Statistical Areas are defined by the Office of Management and Budget to provide nationally consistent definitions for collecting, tabulating, and publishing federal statistics for a set of geographic areas. An MSA is associated with at least one urbanized area that has a population of at least 50,000. The MSA comprises the central county or counties containing the core, plus adjacent outlying counties having a high degree of social and economic integration with the central county as

measured through commuting. The title of an MSA includes the name of its principal city with the largest Census 2000 population. If there are multiple principal cities, the names of the second largest and third largest principal cities appear in the title in order of descending population size. MSA chlamydia rates per 100,000 population were calculated from 2000 to 2005 wherever possible. In some circumstances, lack of data specific to the county level prohibited the calculation of rates for the year 2000. For more information, refer to the 2005 STD Surveillance Report.

## **Prevalence Monitoring: Reporting of Chlamydia Positivity**

*Figure B. Chlamydia positivity in women aged 15- to 24-years-old, by testing site, 1996-2005*

*Table 1. Chlamydia positivity in women aged 15- to 24-years-old, by testing site, 2005*

*Figure C. Chlamydia positivity by age group in women attending family planning clinics, 2005*

Chlamydia test positivity was calculated by dividing the number of women testing positive for chlamydia (numerator) by the total number of

women tested for chlamydia (denominator includes those with valid test results only and excludes unsatisfactory and indeterminate tests) and is expressed as a percentage. The denominator may contain multiple tests from the same individual if that person was tested more than once during the period for which screening data are reported. The numerator may also contain multiple positive test results from the same individual if that person tested positive more than once during the period for which screening data are reported. Various chlamydia laboratory methods were used and

no adjustments of test positivity were made based on laboratory test type and sensitivity. The number of clinics cited in Table 1 for each city represents family planning (FP), sexually transmitted disease (STD), prenatal, Indian Health Service (IHS), and other clinics screening 25 or more women and juvenile and adult corrections facilities screening 100 or more women. To be included in Figure B, FP and STD clinics must have each had data on at least 25 tests in any given year. Each age group displayed in Figure C represents data on at least 25 tests within the past year.

# List of City Profiles

---

Atlanta, GA.....	88	New York City, NY.....	102
Baltimore, MD.....	89	Newark, NJ.....	103
Birmingham, AL.....	90	Omaha, NE.....	104
Boston, MA.....	91	Philadelphia, PA.....	105
Buffalo, NY.....	92	Phoenix, AZ.....	106
Chicago, IL.....	93	Portland, OR.....	107
Des Moines, IA.....	94	Richmond, VA.....	108
Detroit, MI.....	95	Rochester, NY.....	109
Houston, TX.....	96	San Francisco, CA.....	110
Kansas City, MO.....	97	Seattle, WA.....	111
Los Angeles, CA.....	98	St. Louis, MO.....	112
Memphis, TN.....	99	Washington, DC.....	113
Nashville, TN.....	100	Wichita, KS.....	114
New Orleans, LA.....	101		